

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000003911

FILED  
Apr 17, 2009  
Secretary of State

Entity Name: NEW COVENANT CHURCH OF CENTRAL FLORIDA, INC.

**Current Principal Place of Business:**

990 BELVERERE RD  
N/A  
ORLANDO, FL 32820

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 781164  
ORLANDO, FL 32878

**New Mailing Address:**

FEI Number: 59-3529003      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BAXTER, CHARLES H  
990 BELVEDERE ROAD  
ORLANDO, FL 32820      US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: P      ( ) Delete  
Name: BAXTER, CHARLES H  
Address: 990 BELVEDERE ROAD  
City-St-Zip: ORLANDO, FL 32820

Title: V      ( ) Delete  
Name: PINNOCK, LLOYD  
Address: 2204 STONE CROSS CIR  
City-St-Zip: ORLANDO, FL 32828

Title: T      ( ) Delete  
Name: REILLY, KELLYN  
Address: 10145 MARGUEX DR  
City-St-Zip: ORLANDO, FL 32825

Title: D      ( ) Delete  
Name: HARRIS, BRUNETTE D  
Address: 101 PORT STEWART DR  
City-St-Zip: ORLANDO, FL 32828

Title: D      ( ) Delete  
Name: NELSON, DAPHNE  
Address: 3401 DIAMOND LEAF LN  
City-St-Zip: OVIEDO, FL 32766

Title: D      (X) Delete  
Name: HARRIS, JOENATHAN  
Address: 101 PORT STEWART DR  
City-St-Zip: ORLANDO, FL 32828

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D      (X) Change ( ) Addition  
Name: HARRIS, JOENATHAN  
Address: 101 PORT STEWART DR  
City-St-Zip: ORLANDO, FL 32828

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KELLYN REILLY

T

04/17/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date